

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** RBRVS USERS: **Memorandum No.: 02-92 MAA**  
Anesthesiologists **Issued:** January 15, 2003  
Advanced Registered Nurse Practitioners  
Ophthalmologists  
Psychiatrists **For Information Contact:**  
Emergency Physicians 1-800-562-6188  
Nurse Anesthetists  
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Laboratories  
Managed Care Carriers  
Podiatrists  
Radiologists  
Regional Administrators  
CSO Administrators

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Subject:** Year 2003 Changes and Additions to CPT™ and HCPCS Codes

**Effective for claims with dates of service on and after January 1, 2003**, the Medical Assistance Administration (MAA) will begin using the Year 2003 CPT™ and HCPCS Level II code additions as discussed in this memorandum. Maximum allowable fees for the Year 2003 additions and 2003 Base Anesthesia Units (BAU) are also included.

\* CPT stands for Current Procedural Terminology

\*\* HCPCS stands for Health Care Financing Administration Common Procedure Coding System

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## **Old Codes**

- The attached “Schedule of Year 2003 Procedure Codes and Maximum Allowable Fees” reflect **only** the new 2003 BAU, CPT™, and HCPCS codes.
- All procedure code maximum allowable fees and BAU not listed on the fee schedules or in this numbered memorandum remain at the July 1, 2002, level.
- **Do not use** CPT and HCPCS codes that are deleted in the “Year 2003 CPT™” book and the “Year 2003 HCPCS” book, or state-unique codes deleted within this numbered memorandum for dates of service after December 31, 2002.

## **Maximum Allowable Fees and BAU**

MAA used the following resources in determining the maximum allowable fees and BAU for the Year 2003 additions:

- Year 2003 Medicare Physician Fee Schedule Data Base (MPFSDB) relative value units;
- Year 2003 Washington State Medicare Laboratory Fee Schedule;
- Base anesthesia units established by the Reimbursement Steering Committee; and
- Current conversion factors.

**Note:** Due to its licensing agreement with the American Medical Association regarding the use of CPT™ codes and descriptions, MAA publishes only the official brief descriptions for all codes. Please refer to your current CPT™ book for full descriptions.

## **Deleted CPT and HCPCS Modifiers**

There are no deleted CPT or HCPCS modifiers for 2003.

## **New 2003 HCPCS Modifiers**

Many new modifiers were added in the 2003 HCPCS book. MAA will accept all of these modifiers as informational only, and neither inclusion nor exclusion of the modifiers will affect payment. Modifier descriptions may be viewed in the 2003 HCPCS book. MAA may require inclusion of some of the modifiers in the future for payment purposes, but will notify providers of such changes at that time.

## **Deleted CPT and HCPCS Codes**

The following codes have been deleted from the CPT and HCPCS books:

00869	85590	94665	G0131-TC	G0240
21041	85595	99297	G0132	G0241
36520	86915	99508	G0132-26	J0286
36521	87198	99539	G0132-TC	J0635
38231	87199	A4572	G0185	J1050
44209	88144	G0002	G0187	J1095
53670	88145	G0004	G0192	J1561
53675	90709	G0005	G0193	J1755
58551	92525	G0006	G0194	J1820
80090	92598	G0007	G0195	J2500
85021	92599	G0015	G0196	J2915
85022	92599-26	G0026	G0197	J7316
85023	92599-TC	G0027	G0198	Q3017
85024	94650	G0050	G0199	S0085
85031	94651	G0131	G0200	S0087
85585	94652	G0131-26	G0201	S0112

## **Procedures Requiring Expedited Prior Authorization**

The following new procedures require Expedited Prior Authorization (EPA) using the 3-digit EPA criteria codes listed:

<b>CPT Code</b>	<b>Brief Description</b>	<b>EPA Criteria Code</b>
58290	Vag hyst complex	111, 112, 113, 114, or 115
58291	Vag hyst incl t/o, complex	111, 112, 113, 114, or 115
58292	Vag hyst t/o & repair, compl	111, 112, 113, 114, or 115
58293	Vag hyst w/uro repair, compl	111, 112, 113, 114, or 115
58294	Vag hyst w/enterocele, compl	111, 112, 113, 114, or 115
58552	Laparo-vag hyst incl t/o	111, 112, 113, 114, or 115
58553	Laparo-vag hyst, complex	111, 112, 113, 114, or 115
58554	Laparo-vag hyst w/t/o, compl	111, 112, 113, 114, or 115
76498	Unlisted MRI procedure	390

For complete details on EPA requirements and instructions for creating an EPA number, please refer to the Authorization Section (section I) of MAA's Physician-Related Services Billing Instructions, revised replacement pages dated July 2002.

## **Anesthesia**

### **Conversion Factor Change**

Effective January 1, 2003, MAA's anesthesia conversion factor is \$20.23. All BAUs remain at the July 1, 2002 levels. Please refer to Numbered Memorandum 02-91 MAA for further information.

### **Coding Changes**

CPT anesthesia code 00869 for vasectomies has been deleted and replaced with the following CPT code:

<b>CPT Code</b>	<b>Brief Description</b>	<b>1/1/03 Base Anesthesia Units</b>
00921	Anesth, vasectomy	3

The ASA RVG codes 02100 and 02101 for **nerve block injections** have been deleted and replaced with the new 2003 CPT codes in the following table:

<b>CPT Code</b>	<b>Brief Description</b>	<b>1/1/03 Base Anesthesia Units</b>
01991	Anesth, nerve block/inj	3
01992	Anesth, n block/inj, prone	5

### **Pain Management and Other Services**

The following codes will be added to those that are billable by anesthesiologists for pain management:

- 20612, 62264\*, 64416\*, 64446\*, 64447\*, 64448\*, 76496 and 95990.

These procedures are paid using the RBRVS methodology, not with anesthesia base units and time. **Do not use anesthesia modifiers when billing for these services.** If an anesthesia modifier is used with one of these codes, the claim will be denied.

\*These codes are limited to two (2) during the postoperative period while the client is admitted to the hospital.

## **Radiology**

### **Bone Density Scans**

HCPCS codes G0131 and G0132 for bone density scans have been deleted and replaced with the following CPT codes:

<b>Deleted HCPCS Code</b>	<b>CPT Code</b>	<b>Brief Description</b>	<b>1/1/03 Maximum Allowable Fee (All Settings)</b>
G0131	76070	CT scan, bone density study	\$74.85
	76070-26	Professional Component	8.19
	76070-TC	Technical Component	66.66
G0132	76071	CT bone density, peripheral	75.08
	76071-26	Professional Component	6.83
	76071-TC	Technical Component	68.25

### **Contrast Material**

MAA will cover the following new HCPCS codes established for contrast materials for nuclear medicine procedures at acquisition cost:

<b>Procedure Code</b>	<b>Brief Description</b>	<b>1/1/03 Maximum Allowable Fee</b>
A9512	Technetiumtc99mpertechetate	Acquisition Cost
A9513	Technetium tc-99m mebrofenin	Acquisition Cost
A9514	Technetiumtc99mpyrophosphate	Acquisition Cost
A9515	Technetium tc-99m pentetate	Acquisition Cost
A9516	I-123 sodium iodide capsule	Acquisition Cost
A9517	I-131 sodium iodide capsule	Acquisition Cost
A9518	I-131 sodium iodide solution	Acquisition Cost
A9519	Technetiumtc-99mmacroag albu	Acquisition Cost
A9520	Technetiumtc-99m sulfur clld	Acquisition Cost
A9521	Technetiumtc-99m exametazine	Acquisition Cost
A9522	Indium111ibritumomabtiuxetan	Acquisition Cost
A9523	Yttrium90ibritumomabtiuxetan	Acquisition Cost
A9524	Iodinated I-131 serumalbumin	Acquisition Cost
A9603	I-131sodiumiodidecap per mci	Acquisition Cost

**Invoice must be attached to claim form for supplies over \$50.00.**

## **Laboratory**

### **Lab Multiplication Factor Change**

Effective January 1, 2003, MAA's lab multiplication factor is 0.81. Please refer to Numbered Memorandum 02-91 MAA for further information.

### **Thin Layer Pap Smears**

Laboratory CPT codes 88144-88145 for thin layer pap smears have been deleted and replaced with the following new CPT codes:

<b>Procedure Code</b>	<b>Brief Description</b>	<b>1/1/03 Maximum Allowable Fee (All Settings)</b>
88174	Cytopath, c/v auto, in fluid	\$29.53
88175	Cytopath, c/v auto fluid redo	\$36.61

All pap smears are reimbursed at Medicare's payment levels.

### **STAT Laboratory Charges**

The following labs are added to those billable with an additional STAT charge:

- 83880, 84302, 85004, 85032, 85049, and 85380.

## **Family Planning**

### **Coding Changes**

MAA will discontinue the following state-unique code and replace it with the HCPCS code listed below. The following maximum allowable rate is established:

<b>Discontinued State-Unique Code</b>	<b>Replacement HCPCS Code</b>	<b>Brief Description</b>	<b>1/1/03 Maximum Allowable Fee</b>
9912M	A4266	Diaphragm	\$45.00

## **Contraceptive Rate Changes**

The following maximum allowable fee is established for Mirena:

<b>Procedure Code</b>	<b>Brief Description</b>	<b>1/1/03 Maximum Allowable Fee</b>
J7302	Levonorgestrel-releasing IUD (Mirena)	\$395.50

## **Updated Sterilization Section**

MAA has updated its Sterilization section. New Sterilization Consent Forms and Instructions are included in the update. Attached are updated replacement pages H.1-H.12c to the Physician-Related Services Billing Instructions, dated November 2001. These DSHS forms (13-364 and 13-364a) can also be downloaded at: <http://www.wa.gov/dshs/dshsforms/forms/eforms.html>.

## **Therapies**

### **Audiologists**

The following procedures are added to those billable by an audiologist:

- CPT codes 92601, 92602, 92603, and 92604

### **Speech Therapists**

The following procedures are added to those billable by a speech therapist:

- CPT codes 92607, 92608, 92609, and 92610
- CPT codes 92605 and 92606 are bundled.

## **Centers of Excellence**

The following procedures are limited to MAA-approved Centers of Excellence:

- 38205, 38206, and 38242

For further information regarding MAA-approved Centers of Excellence, please refer to the Authorization Section (section I) of MAA's Physician-Related Services Billing Instructions, revised replacement pages dated July 2002.

## **Injectable Drug Updates**

### **Hyalgan**

The HCPCS code for **Hyalgan, J7316**, is deleted and replaced with HCPCS code **J7317**. Please note that the dosage for this drug will change with the new code description. The following limitations **per knee** apply:

<b>HCPCS Code</b>	<b>Brief Description</b>	<b>1/1/03 Maximum Allowable Fee</b>	<b>Restrictions</b>
J7317	Sodium hyaluronate, 20 - 25 mg (Hyalgan) [1 unit = 20-25 mg]	\$133.28 (per unit)	Maximum of 5 injections Maximum of 5 units Max. pymt = \$666.40

### **Injectable Drug Maximum Allowable Fee Changes**

MAA has updated its injectable drug pricing for several drugs. These updates will be posted quarterly to MAA's website at: <http://maa.dshs.wa.gov>. Click on Provider Publications/Fee Schedules, then Fee Schedules. Only those drugs with price changes will be posted quarterly. All other drugs remain at the last published price.

### **Injectable Drug Limitations**

In certain circumstances, MAA limits some procedures and/or injectable drugs given in a physician's office to only those diagnoses or provider types MAA determines to be medically necessary. Limitations to the new injectable drug codes are listed below:

<b>Procedure Code</b>	<b>Brief Description</b>	<b>Limitation</b>
J0637	Caspofungin acetate	Restricted to ICD-9 117.3 (aspergillosis)
J1756	Iron sucrose injection	Restricted to ICD-9 585 (chronic renal failure)
J2324	Nesiritide	Restricted to cardiologists
J2501	Paricalcitol	Restricted to ICD-9 585 (chronic renal failure)
J2916	Na ferric gluconate complex	Restricted to ICD-9 585 (chronic renal failure)
J3487	Zoledronic acid	Restricted to ICD-9 275.42 (hypercalcemia)
Q3025	IM inj interferon beta 1-a	Restricted to ICD-9 340 (multiple sclerosis)
Q3026	Subc inj interferon beta 1-a	Restricted to ICD-9 340 (multiple sclerosis)
S0130	Inj c gonadotropin 5000 iu	Restricted to males under 10 years of age with a diagnosis of ICD-9 752.51 (cryptorchism)



## **Adult Office Visits**

Effective January 1, 2003, MAA's new adult office visit conversion factor is \$25.00. This conversion factor is applicable to CPT™ evaluation and management (E&M) codes 99201-99215 only for clients 21 years of age and older. The following payment levels are established:

<b>CPT Code</b>	<b>1/1/03 Maximum Allowable Fee</b>		<b>CPT Code</b>	<b>1/1/03 Maximum Allowable Fee</b>	
	<b>NFS</b>	<b>FS</b>		<b>NFS</b>	<b>FS</b>
99201	\$23.50	\$15.50	99211	\$14.00	\$6.00
99202	42.25	31.00	99212	25.00	15.75
99203	63.00	47.25	99213	34.50	23.25
99204	89.50	70.00	99214	54.25	38.25
99205	113.75	93.25	99215	79.50	61.75

## **Technical Changes and Corrections**

### **Coding Changes**

- **Dental** - State-unique code 0122D (application of fluoride varnish) is discontinued and replaced with the following HCPCS code:

<b>HCPCS Code</b>	<b>Description</b>	<b>1/1/03 Maximum Allowable Fee</b>
D1203	Topical application of fluoride – child	\$13.39

- **EPDST** – State-unique diagnosis code **V96.0** may no longer be used as a valid diagnosis for EPSDT screenings. Providers must **use ICD-9 diagnosis code V20.2** for these screenings.
- **Cranial Neurostimulators** – MAA covers cranial neurostimulators (CPT code 61862) only when it is determined to be medically necessary. MAA has determined that only ICD-9 diagnosis codes 332.0 and 333.1 are considered medically necessary for this procedure.

## Phone Number Correction

- **Important Contacts** – Page v of the Physician-Related Services Billing Instructions, revised replacement page dated July 2002, contains the wrong phone number for contacting Provider Enrollment. The very first paragraph in the left column of page v should read:

**Where do I call for information on becoming a  
DSHS provider, submitting a change of address  
or ownership, or to ask questions about the  
status of a provider application?**

**Call the toll-free line: (866) 545-0544**

## Tendon/Trigger Point Injections

MAA follows Medicare's bundling edits and unit limitations for CPT injection codes 20550-20553. The following limitations apply:

- 20550 and 20551 may have multiple units when injections are given in different tendons.
- 20552 and 20553 are limited to one unit, regardless of number of trigger points or muscle groups injected.

## Modifier 62 Clarifications

- **Modifier 62 (two surgeons)** – MAA follows Medicare's guidelines on whether or not to allow the use of modifier 62 for two surgeons for a particular procedure. There are some procedures where Medicare's guidelines require review of the physicians' chart notes to determine payment for the use of modifier 62 (those containing a Medicare indicator of 1). MAA does not allow modifier 62 for those procedures with a Medicare indicator of 1. Providers may request an Exception to Rule (ETR) if they feel there are extenuating circumstances.

## Podiatry/Orthotics

- **Limitations on Orthotics** – The following corrections are made to the orthotic codes listed on page J128 of the Physician-Related Services Billing Instructions, revised replacement page dated July 2002:
  - ✓ State-unique orthotic codes 1600L and 1602L are limited to 2 units per client, *per calendar year* (not per lifetime).
  - ✓ State-unique orthotic code 1600L may not be billed in combination with 1601L *or 1603L*.
  - ✓ State-unique orthotic code 1601L may not be billed in combination with 1600L *or 1603L*.
  - ✓ State-unique orthotic code 1602L is limited to **2 units** per date of service (not 1 unit per date of service).

## Miscellaneous Billing Instructions Corrections

- The following corrections are made to the pages listed below in the Physician-Related Services Billing Instructions, revised replacement pages date July 2002:

Page Number	Correction
E3	Within the “Inpatient Hospital” grid, the range of codes valid for inpatient consultations should be: <b>99251 – 99275</b>
F15	Under the “Urology” section, the correct range of codes listed under circumcisions should be: <b>CPT codes 54152 and 54161</b>
H1-H12c	Updated Sterilization Section.
J99	CPT code 90847 for family psychotherapy is covered. NFS fee is \$70.30. FS fee is \$67.80.
J114	The correct FS fee for G0039-26 is \$59.38.
L3	Under the “Note” on the bottom of the page, the complete fee schedule is located in <b>Section J</b> .

## RBRVS Fee Schedule

The RBRVS maximum allowable fees and anesthesiology base units for CPT<sup>®</sup> and HCPCS codes will be incorporated into the fee schedule when the RBRVS is updated in July 2003.

To obtain this numbered memorandum and fee schedules electronically go to MAA’s website at <http://maa.dshs.wa.gov> (Provider Publications/Fee Schedules link, then select Numbered Memorandums).

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# JANUARY 2003 NEW PROCEDURE CODES AND MAXIMUM ALLOWABLE FEES

Effective January 1, 2003

Procedure Code	Mod	NFS Setting Fee	FS Setting Fee	PA Req?	Global Days	Asst at Surgery	Procedure Code	Mod	NFS Setting Fee	FS Setting Fee	PA Req?	Global Days	Asst at Surgery
00326		8 Base	8 Base		000	N	38211		B.R.	B.R.		000	N
00539		18 Base	18 Base		000	N	38212		B.R.	B.R.		000	N
00541		15 Base	15 Base		000	N	38213		B.R.	B.R.		000	N
00640		3 Base	3 Base		000	N	38214		B.R.	B.R.		000	N
00834		5 Base	5 Base		000	N	38215		B.R.	B.R.		000	N
00836		6 Base	6 Base		000	N	38242		55.51	55.51		000	N
00921		3 Base	3 Base		000	N	43201		151.29	78.49		000	N
01829		3 Base	3 Base		000	N	43236		176.31	97.14		000	N
01991		3 Base	3 Base		000	N	44206		901.81	901.81		090	Y
01992		5 Base	5 Base		000	N	44207		986.67	986.67		090	Y
20612		34.58	23.21		000	N	44208		1,068.11	1,068.11		090	Y
21046		550.32	550.32		090	Y	44210		945.26	945.26		090	Y
21047		676.36	676.36		090	Y	44211		1,174.81	1,174.81		090	Y
21048		566.25	566.25		090	Y	44212		1,097.46	1,097.46		090	Y
21049		642.69	642.69		090	Y	44238		B.R.	B.R.		000	Y
21742		B.R.	B.R.		090	Y	44239		B.R.	B.R.		000	Y
21743		B.R.	B.R.		090	Y	44701		98.05	98.05		000	Y
29827		644.51	644.51		090	Y	45335		88.95	46.87		000	N
29873		298.94	298.94		090	N	45340		204.07	56.19		000	N
29899		591.27	591.27		090	Y	45381		239.79	137.41		000	N
33215		186.10	186.10		090	N	45386		458.41	149.24		000	N
33224		300.30	300.30		090	N	46706		85.31	85.31		010	N
33225		265.72	265.72		000	N	49419		247.07	247.07		090	N
33226		289.15	289.15		000	N	49904		851.76	851.76		090	N
33508		10.01	10.01		000	Y	50542		666.12	666.12		090	Y
34833		396.99	396.99		000	Y	50543		839.25	839.25		090	Y
34834		186.10	186.10		000	Y	50562		353.31	353.31		090	Y
34900		584.68	584.68		090	Y	51701		36.17	16.38		000	N
35572		223.86	223.86		000	Y	51702		57.10	17.97		000	N
36416		2.45	2.45		000	N	51703		78.72	48.23		000	N
36511		56.42	56.42		000	N	51798		12.29	12.29		000	N
36512		56.42	56.42		000	N	55866		987.35	987.35		090	Y
36513		56.42	56.42		000	N	56820		73.26	50.51		000	N
36514		56.42	56.42		000	N	56821		94.87	69.62		000	N
36515		56.42	56.42		000	N	57420		76.44	53.69		000	N
36516		56.42	56.42		000	N	57421		99.65	74.39		000	N
36536		856.54	118.98		000	N	57455		91.68	67.57		000	N
36537		194.51	28.89		000	N	57456		86.68	63.25		000	N
37182		555.78	555.78		000	Y	57461		204.75	116.94		000	N
37183		259.58	259.58		000	Y	58146		664.07	664.07		090	Y
37500		454.77	454.77		090	N	58290		664.98	664.98	EPA	090	Y
37501		B.R.	B.R.		000	N	58291		730.96	730.96	EPA	090	Y
38204		Bundled	Bundled		000	N	58292		774.18	774.18	EPA	090	Y
38205		48.69	48.69		000	N	58293		804.67	804.67	EPA	090	Y
38206		48.69	48.69		000	N	58294		713.21	713.21	EPA	090	Y
38207		B.R.	B.R.		000	N	58545		533.03	533.03		090	Y
38208		B.R.	B.R.		000	N	58546		673.17	673.17		090	Y
38209		B.R.	B.R.		000	N	58552		518.93	518.93	EPA	090	Y
38210		B.R.	B.R.		000	N	58553		669.76	669.76	EPA	090	Y

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# - Not Covered

B.R. - By Report

A.C. - Acquisition Cost

PA - Written/FAX Auth

EX - Expedited Prior Auth

LE - Limitation Extension

# JANUARY 2003 NEW PROCEDURE CODES AND MAXIMUM ALLOWABLE FEES

Effective January 1, 2003

Procedure Code	Mod	NFS Setting Fee	FS Setting Fee	PA Req?	Global Days	Asst at Surgery	Procedure Code	Mod	NFS Setting Fee	FS Setting Fee	PA Req?	Global Days	Asst at Surgery
00326		8 Base	8 Base		000	N	38210		B.R.	B.R.		000	N
00539		18 Base	18 Base		000	N	38211		B.R.	B.R.		000	N
00541		15 Base	15 Base		000	N	38212		B.R.	B.R.		000	N
00640		3 Base	3 Base		000	N	38213		B.R.	B.R.		000	N
00834		5 Base	5 Base		000	N	38214		B.R.	B.R.		000	N
00836		6 Base	6 Base		000	N	38215		B.R.	B.R.		000	N
00921		3 Base	3 Base		000	N	38242		55.51	55.51		000	N
01829		3 Base	3 Base		000	N	43201		151.29	78.49		000	N
01991		3 Base	3 Base		000	N	43236		176.31	97.14		000	N
01992		5 Base	5 Base		000	N	44206		901.81	901.81		090	Y
20612		34.58	23.21		000	N	44207		986.67	986.67		090	Y
21046		550.32	550.32		090	Y	44208		1,068.11	1,068.11		090	Y
21047		676.36	676.36		090	Y	44210		945.26	945.26		090	Y
21048		566.25	566.25		090	Y	44211		1,174.81	1,174.81		090	Y
21049		642.69	642.69		090	Y	44212		1,097.46	1,097.46		090	Y
21742		B.R.	B.R.		090	Y	44238		B.R.	B.R.		000	Y
21743		B.R.	B.R.		090	Y	44239		B.R.	B.R.		000	Y
29827		644.51	644.51		090	Y	44701		98.05	98.05		000	Y
29873		298.94	298.94		090	N	45335		88.95	46.87		000	N
29899		591.27	591.27		090	Y	45340		204.07	56.19		000	N
33215		186.10	186.10		090	N	45381		239.79	137.41		000	N
33224		300.30	300.30		090	N	45386		458.41	149.24		000	N
33225		265.72	265.72		000	N	46706		85.31	85.31		010	N
33226		289.15	289.15		000	N	49419		247.07	247.07		090	N
33508		10.01	10.01		000	Y	49904		851.76	851.76		090	N
34833		396.99	396.99		000	Y	50542		666.12	666.12		090	Y
34834		186.10	186.10		000	Y	50543		839.25	839.25		090	Y
34900		584.68	584.68		090	Y	50562		353.31	353.31		090	Y
35572		223.86	223.86		000	Y	51701		36.17	16.38		000	N
36416		2.45	2.45		000	N	51702		57.10	17.97		000	N
36511		56.42	56.42		000	N	51703		78.72	48.23		000	N
36512		56.42	56.42		000	N	51798		12.29	12.29		000	N
36513		56.42	56.42		000	N	55866		987.35	987.35		090	Y
36514		56.42	56.42		000	N	56820		73.26	50.51		000	N
36515		56.42	56.42		000	N	56821		94.87	69.62		000	N
36516		56.42	56.42		000	N	57420		76.44	53.69		000	N
36536		856.54	118.98		000	N	57421		99.65	74.39		000	N
36537		194.51	28.89		000	N	57455		91.68	67.57		000	N
37182		555.78	555.78		000	Y	57456		86.68	63.25		000	N
37183		259.58	259.58		000	Y	57461		204.75	116.94		000	N
37500		454.77	454.77		090	N	58146		664.07	664.07		090	Y
37501		B.R.	B.R.		000	N	58290		664.98	664.98	EPA	090	Y
38204		Bundled	Bundled		000	N	58291		730.96	730.96	EPA	090	Y
38205		48.69	48.69		000	N	58292		774.18	774.18	EPA	090	Y
38206		48.69	48.69		000	N	58293		804.67	804.67	EPA	090	Y
38207		B.R.	B.R.		000	N	58294		713.21	713.21	EPA	090	Y
38208		B.R.	B.R.		000	N	58545		533.03	533.03		090	Y
38209		B.R.	B.R.		000	N	58546		673.17	673.17		090	Y

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58552		518.93	518.93	EPA	090	Y	76802		44.36	44.36		000	N
58553		669.76	669.76	EPA	090	Y	76802	26	26.39	26.39		000	N
58554		662.48	662.48	EPA	090	Y	76802	TC	18.20	18.20		000	N
61316		52.10	52.10		000	N	76811		148.33	148.33		000	N
61322		1,072.44	1,072.44		090	Y	76811	26	60.97	60.97		000	N
61323		1,110.88	1,110.88		090	N	76811	TC	87.13	87.13		000	N
61517		45.27	45.27		000	N	76812		87.13	87.13		000	N
61623		330.33	330.33		000	N	76812	26	57.10	57.10		000	N
62148		71.66	71.66		000	N	76812	TC	30.03	30.03		000	N
62160		103.51	103.51		000	N	76817		59.38	59.38		000	N
62161		739.60	739.60		090	Y	76817	26	23.66	23.66		000	N
62162		945.04	945.04		090	Y	76817	TC	35.72	35.72		000	N
62163		598.33	598.33		090	Y	83880		38.00	38.00		000	N
62164		1,023.98	1,023.98		090	Y	84302		5.44	5.44		000	N
62165		805.81	805.81		090	Y	85004		7.24	7.24		000	N
62264		366.73	135.36		010	N	85032		4.81	4.81		000	N
64416		97.37	97.37		010	N	85049		5.01	5.01		000	N
64446		101.01	101.01		010	N	85380		11.40	11.40		000	N
64447		47.09	47.09		000	N	87255		37.91	37.91		000	N
64448		92.82	92.82		010	N	87267		13.43	13.43		000	N
66990		51.19	51.19		000	N	87271		13.43	13.43		000	N
75901		57.56	57.56		000	N	88174		29.53	29.53		000	N
75901	26	15.24	15.24		000	N	88175		36.61	36.61		000	N
75901	TC	42.32	42.32		000	N	89055		4.78	4.78		000	N
75902		54.37	54.37		000	N	90371		148.17	148.17		000	N
75902	26	12.06	12.06		000	N	90375		68.25	68.25		000	N
75902	TC	42.32	42.32		000	N	90376		71.05	71.05		000	N
75954		B.R.	B.R.		000	N	90585		163.60	163.60		000	N
75954	26	53.92	53.92		000	N	90632		57.19	57.19		000	N
75954	TC	B.R.	B.R.		000	N	90633		27.92	27.92		000	N
76070		74.85	74.85		000	N	90645		22.78	22.78		000	N
76070	26	8.19	8.19		000	N	90675		130.93	130.93		000	N
76070	TC	66.66	66.66		000	N	90691		38.20	38.20		000	N
76071		75.08	75.08		000	N	90700		20.99	20.99		000	N
76071	26	6.83	6.83		000	N	90703		7.79	7.79		000	N
76071	TC	68.25	68.25		000	N	90704		16.72	16.72		000	N
76496		B.R.	B.R.		000	N	90705		12.95	12.95		000	N
76496	26	B.R.	B.R.		000	N	90706		15.04	15.04		000	N
76496	TC	B.R.	B.R.		000	N	90707		33.75	33.75		000	N
76497		B.R.	B.R.		000	N	90713		22.16	22.16		000	N
76497	26	B.R.	B.R.		000	N	90716		58.00	58.00		000	N
76497	TC	B.R.	B.R.		000	N	90717		53.81	53.81		000	N
76498		B.R.	B.R.	EPA	000	N	90718		8.46	8.46		000	N
76498	26	B.R.	B.R.	EPA	000	N	90720		35.22	35.22		000	N
76498	TC	B.R.	B.R.	EPA	000	N	90732		12.27	12.27		000	N
76801		56.88	56.88		000	N	90733		61.42	61.42		000	N
76801	26	31.17	31.17		000	N	90735		72.55	72.55		000	N
76801	TC	25.71	25.71		000	N	90740		103.91	103.91		000	N

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90743		22.82	22.82		000	N	0042T		#	#		000	N
90744		22.82	22.82		000	N	0043T		#	#		000	N
90746		51.96	51.96		000	N	0044T		#	#		000	N
90747		103.91	103.91		000	N	A4266		45.00	45.00		000	N
92601		81.67	81.67		000	N	A4267		A.C.	A.C.		000	N
92602		57.10	57.10		000	N	A4268		A.C.	A.C.		000	N
92603		54.83	54.83		000	N	A4269		A.C.	A.C.		000	N
92604		37.31	37.31		000	N	A9512		A.C.	A.C.		000	N
92605	Bundled		Bundled		000	N	A9513		A.C.	A.C.		000	N
92606	Bundled		Bundled		000	N	A9514		A.C.	A.C.		000	N
92607		68.02	68.02		000	N	A9515		A.C.	A.C.		000	N
92608		13.42	13.42		000	N	A9516		A.C.	A.C.		000	N
92609		36.86	36.86		000	N	A9517		A.C.	A.C.		000	N
92610		26.16	26.16		000	N	A9518		A.C.	A.C.		000	N
92611		28.44	28.44		000	N	A9519		A.C.	A.C.		000	N
92612		107.15	41.41		000	N	A9520		A.C.	A.C.		000	N
92613	Bundled		Bundled		000	N	A9521		A.C.	A.C.		000	N
92614		82.58	41.41		000	N	A9522		A.C.	A.C.		000	N
92615	Bundled		Bundled		000	N	A9523		A.C.	A.C.		000	N
92616		113.07	60.29		000	N	A9524		A.C.	A.C.		000	N
92617	Bundled		Bundled		000	N	A9603		A.C.	A.C.		000	N
92700		#	#		000	N	A9699		#	#		000	N
93580		594.23	594.23		000	N	D1203		13.39	13.39		000	N
93581		796.48	796.48		000	N	G0255		#	#		000	N
95990		35.26	35.26		000	N	G0255	26	#	#		000	N
96920		93.73	37.77		000	N	G0255	TC	#	#		000	N
96921		96.01	38.45		000	N	G0256		#	#		000	N
96922		131.95	68.93		000	N	G0257		#	#		000	N
99026		#	#		000	N	G0259		#	#		000	N
99027		#	#		000	N	G0260		#	#		000	N
99293		490.49	490.49		000	N	G0261		#	#		000	N
99294		243.20	243.20		000	N	G0262		#	#		000	N
99299		80.54	80.54		000	N	G0262	26	#	#		000	N
99600		#	#		000	N	G0262	TC	#	#		000	N
0027T		B.R.	B.R.		000	N	G0263		#	#		000	N
0029T		#	#		000	N	G0264		#	#		000	N
0030T		#	#		000	N	G0265		#	#		000	N
0031T		#	#		000	N	G0266		#	#		000	N
0032T		#	#		000	N	G0267		#	#		000	N
0033T		B.R.	B.R.		000	N	G0268		#	#		000	N
0034T		B.R.	B.R.		000	N	G0269		Bundled	Bundled		000	N
0035T		B.R.	B.R.		000	N	G0270		#	#		000	N
0036T		B.R.	B.R.		000	N	G0271		#	#		000	N
0037T		B.R.	B.R.		000	N	G0272		#	#		000	N
0038T		B.R.	B.R.		000	N	G0273		#	#		000	N
0039T		B.R.	B.R.		000	N	G0273	26	#	#		000	N
0040T		B.R.	B.R.		000	N	G0273	TC	#	#		000	N
0041T		#	#		000	N	G0274		#	#		000	N

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G0274	26	#	#		000	N	J0530		9.97	9.97		000	N
G0274	TC	#	#		000	N	J0540		19.57	19.57		000	N
G0275		#	#		000	N	J0550		41.92	41.92		000	N
G0278		#	#		000	N	J0560		5.29	5.29		000	N
G0279		#	#		000	N	J0570		5.29	5.29		000	N
G0280		#	#		000	N	J0580		10.60	10.60		000	N
G0281		#	#		000	N	J0585		4.37	4.37		000	N
G0282		#	#		000	N	J0587		8.23	8.23		000	N
G0283		#	#		000	N	J0592		0.91	0.91		000	N
G0288		#	#		000	N	J0600		37.56	37.56		000	N
G0289		#	#		000	N	J0610		1.05	1.05		000	N
G0290		#	#		000	N	J0620		5.61	5.61		000	N
G0291		#	#		000	N	J0630		35.98	35.98		000	N
G0292		#	#		000	N	J0636		1.29	1.29		000	N
G0293		#	#		000	N	J0637		29.48	29.48		000	N
G0294		#	#		000	N	J0640		16.41	16.41		000	N
G0295		#	#		000	N	J0670		1.86	1.86		000	N
J0130		480.62	480.62		000	N	J0690		1.63	1.63		000	N
J0150		35.38	35.38		000	N	J0692		7.62	7.62		000	N
J0151		209.09	209.09		000	N	J0694		10.01	10.01		000	N
J0170		1.95	1.95		000	N	J0696		13.98	13.98		000	N
J0200		17.84	17.84		000	N	J0697		6.01	6.01		000	N
J0205		35.16	35.16		000	N	J0698		9.79	9.79		000	N
J0207		400.35	400.35		000	N	J0702		3.64	3.64		000	N
J0210		11.13	11.13		000	N	J0704		2.12	2.12		000	N
J0256		1.96	1.96		000	N	J0706		3.04	3.04		000	N
J0280		0.98	0.98		000	N	J0713		6.32	6.32		000	N
J0282		18.81	18.81		000	N	J0715		4.65	4.65		000	N
J0285		10.36	10.36		000	N	J0720		6.38	6.38		000	N
J0287		20.47	20.47		000	N	J0725		1.52	1.52		000	N
J0288		14.24	14.24		000	N	J0735		51.68	51.68		000	N
J0289		33.54	33.54		000	N	J0740		752.94	752.94		000	N
J0290		1.55	1.55		000	N	J0743		14.87	14.87		000	N
J0295		6.95	6.95		000	N	J0744		13.89	13.89		000	N
J0300		2.24	2.24		000	N	J0745		0.45	0.45		000	N
J0330		0.12	0.12		000	N	J0760		6.62	6.62		000	N
J0360		16.69	16.69		000	N	J0770		50.73	50.73		000	N
J0380		1.19	1.19		000	N	J0780		2.30	2.30		000	N
J0390		18.44	18.44		000	N	J0835		15.70	15.70		000	N
J0395		170.88	170.88		000	N	J0850		657.97	657.97		000	N
J0456		23.12	23.12		000	N	J0880		22.19	22.19		000	N
J0460		0.78	0.78		000	N	J0895		13.87	13.87		000	N
J0470		22.18	22.18		000	N	J0900		1.53	1.53		000	N
J0475		201.81	201.81		000	N	J0945		0.82	0.82		000	N
J0476		74.76	74.76		000	N	J0970		1.52	1.52		000	N
J0500		14.90	14.90		000	N	J1000		0.76	0.76		000	N
J0515		3.65	3.65		000	N	J1020		2.39	2.39		000	N
J0520		5.00	5.00		000	N	J1030		4.77	4.77		000	N

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J1040		9.53	9.53		000	N	J1550		106.80	106.80		000	N
J1051		4.67	4.67		000	N	J1563		51.71	51.71		000	N
J1056		24.02	24.02		000	N	J1564		0.81	0.81		000	N
J1060		4.15	4.15		000	N	J1565		15.50	15.50		000	N
J1070		4.82	4.82		000	N	J1570		33.02	33.02		000	N
J1080		8.38	8.38		000	N	J1580		1.83	1.83		000	N
J1094		0.27	0.27		000	N	J1590		0.85	0.85		000	N
J1100		0.09	0.09		000	N	J1600		12.67	12.67		000	N
J1110		28.38	28.38		000	N	J1610		40.58	40.58		000	N
J1120		27.77	27.77		000	N	J1620		189.22	189.22		000	N
J1160		1.68	1.68		000	N	J1626		17.37	17.37		000	N
J1165		0.81	0.81		000	N	J1630		6.86	6.86		000	N
J1170		1.45	1.45		000	N	J1631		23.36	23.36		000	N
J1180		8.45	8.45		000	N	J1642		0.06	0.06		000	N
J1190		211.80	211.80		000	N	J1644		0.33	0.33		000	N
J1200		1.51	1.51		000	N	J1645		14.46	14.46		000	N
J1205		9.83	9.83		000	N	J1650		5.18	5.18		000	N
J1212		39.11	39.11		000	N	J1652		7.75	7.75		000	N
J1230		0.70	0.70		000	N	J1655		3.59	3.59		000	N
J1240		0.37	0.37		000	N	J1670		106.80	106.80		000	N
J1245		20.51	20.51		000	N	J1700		0.32	0.32		000	N
J1250		3.62	3.62		000	N	J1710		5.22	5.22		000	N
J1260		13.34	13.34		000	N	J1720		1.62	1.62		000	N
J1270		4.29	4.29		000	N	J1730		115.18	115.18		000	N
J1320		2.25	2.25		000	N	J1742		245.28	245.28		000	N
J1325		16.92	16.92		000	N	J1745		61.55	61.55		000	N
J1327		12.02	12.02		000	N	J1750		16.78	16.78		000	N
J1364		3.29	3.29		000	N	J1756		0.62	0.62		000	N
J1380		0.45	0.45		000	N	J1785		3.51	3.51		000	N
J1390		0.89	0.89		000	N	J1790		1.48	1.48		000	N
J1410		53.17	53.17		000	N	J1800		10.90	10.90		000	N
J1435		0.18	0.18		000	N	J1810		#	#		000	N
J1436		65.86	65.86		000	N	J1815		0.09	0.09		000	N
J1438		138.58	138.58		000	N	J1817		A.C.	A.C.		000	N
J1440		174.16	174.16		000	N	J1825		219.21	219.21		000	N
J1441		294.23	294.23		000	N	J1835		32.90	32.90		000	N
J1450		86.83	86.83		000	N	J1840		3.09	3.09		000	N
J1452		890.00	890.00		000	N	J1850		0.46	0.46		000	N
J1455		11.32	11.32		000	N	J1885		5.39	5.39		000	N
J1460		10.68	10.68		000	N	J1890		9.61	9.61		000	N
J1470		21.36	21.36		000	N	J1910		13.98	13.98		000	N
J1480		32.04	32.04		000	N	J1940		0.95	0.95		000	N
J1490		42.72	42.72		000	N	J1950		476.37	476.37		000	N
J1500		53.40	53.40		000	N	J1955		32.04	32.04		000	N
J1510		64.08	64.08		000	N	J1956		18.42	18.42		000	N
J1520		74.76	74.76		000	N	J1960		3.52	3.52		000	N
J1530		85.44	85.44		000	N	J1980		7.71	7.71		000	N
J1540		96.12	96.12		000	N	J1990		23.41	23.41		000	N

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J2000		3.86	3.86		000	N	J2760		30.53	30.53		000	N
J2010		3.11	3.11		000	N	J2765		1.78	1.78		000	N
J2020		35.91	35.91	PA	000	N	J2770		98.48	98.48		000	N
J2060		2.94	2.94		000	N	J2780		1.34	1.34		000	N
J2150		4.90	4.90		000	N	J2788		33.64	33.64		000	N
J2175		0.52	0.52		000	N	J2790		98.79	98.79		000	N
J2180		4.32	4.32		000	N	J2792		19.25	19.25		000	N
J2210		3.63	3.63		000	N	J2795		0.07	0.07		000	N
J2250		1.32	1.32		000	N	J2800		3.56	3.56		000	N
J2260		48.32	48.32		000	N	J2820		27.22	27.22		000	N
J2270		0.67	0.67		000	N	J2910		14.92	14.92		000	N
J2271		12.98	12.98		000	N	J2912		0.46	0.46		000	N
J2275		2.23	2.23		000	N	J2916		7.65	7.65		000	N
J2300		1.35	1.35		000	N	J2920		1.48	1.48		000	N
J2310		2.12	2.12		000	N	J2930		1.80	1.80		000	N
J2320		4.88	4.88		000	N	J2940		42.68	42.68	PA	000	N
J2321		9.74	9.74		000	N	J2941		42.68	42.68	PA	000	N
J2322		11.84	11.84		000	N	J2950		0.43	0.43		000	N
J2324		135.28	135.28		000	N	J2993		1,223.75	1,223.75		000	N
J2352		83.09	83.09		000	N	J2995		118.67	118.67		000	N
J2355		240.42	240.42		000	N	J2997		33.38	33.38		000	N
J2360		5.08	5.08		000	N	J3000		5.95	5.95		000	N
J2370		2.00	2.00		000	N	J3010		1.85	1.85		000	N
J2400		5.99	5.99		000	N	J3030		24.88	24.88		000	N
J2405		5.71	5.71		000	N	J3070		4.90	4.90		000	N
J2410		2.62	2.62		000	N	J3100		2,447.50	2,447.50		000	N
J2430		258.10	258.10		000	N	J3105		27.53	27.53		000	N
J2440		5.56	5.56		000	N	J3120		0.53	0.53		000	N
J2460		0.92	0.92		000	N	J3130		15.22	15.22		000	N
J2501		4.70	4.70		000	N	J3140		0.37	0.37		000	N
J2510		8.48	8.48		000	N	J3150		0.88	0.88		000	N
J2515		0.52	0.52		000	N	J3230		3.72	3.72		000	N
J2540		0.36	0.36		000	N	J3240		530.89	530.89		000	N
J2543		4.56	4.56		000	N	J3245		432.97	432.97		000	N
J2545		87.89	87.89		000	N	J3250		1.45	1.45		000	N
J2550		2.10	2.10		000	N	J3260		5.98	5.98		000	N
J2560		1.52	1.52		000	N	J3265		1.33	1.33		000	N
J2590		1.09	1.09		000	N	J3280		4.07	4.07		000	N
J2597		3.86	3.86		000	N	J3301		1.42	1.42		000	N
J2650		0.29	0.29		000	N	J3302		0.19	0.19		000	N
J2670		3.67	3.67		000	N	J3303		0.95	0.95		000	N
J2680		13.01	13.01		000	N	J3305		133.50	133.50		000	N
J2690		10.33	10.33		000	N	J3315		389.01	389.01		000	N
J2700		0.75	0.75		000	N	J3320		25.11	25.11		000	N
J2710		2.17	2.17		000	N	J3360		3.53	3.53		000	N
J2720		0.71	0.71		000	N	J3364		53.03	53.03		000	N
J2725		22.86	22.86		000	N	J3365		479.19	479.19		000	N
J2730		96.46	96.46		000	N	J3370		6.94	6.94		000	N

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J3395		1,366.15	1,366.15		000	N	J9093		5.98	5.98		000	N
J3410		0.78	0.78		000	N	J9094		11.64	11.64		000	N
J3420		1.18	1.18		000	N	J9095		24.42	24.42		000	N
J3430		2.30	2.30		000	N	J9096		48.86	48.86		000	N
J3475		0.12	0.12		000	N	J9097		97.75	97.75		000	N
J3480		0.07	0.07		000	N	J9100		5.94	5.94		000	N
J3485		0.96	0.96		000	N	J9110		23.75	23.75		000	N
J3487		203.70	203.70		000	N	J9120		13.87	13.87		000	N
J3590		#	#		000	N	J9130		12.68	12.68		000	N
J7030		10.09	10.09		000	N	J9140		22.56	22.56		000	N
J7040		5.05	5.05		000	N	J9150		80.04	80.04		000	N
J7042		8.84	8.84		000	N	J9151		64.60	64.60		000	N
J7050		2.53	2.53		000	N	J9160		1,210.30	1,210.30		000	N
J7051		0.71	0.71		000	N	J9165		14.41	14.41		000	N
J7060		7.04	7.04		000	N	J9170		328.36	328.36		000	N
J7070		10.73	10.73		000	N	J9180		719.78	719.78		000	N
J7100		23.52	23.52		000	N	J9181		10.45	10.45		000	N
J7110		13.31	13.31		000	N	J9182		104.50	104.50		000	N
J7120		11.66	11.66		000	N	J9185		326.69	326.69		000	N
J7130		0.49	0.49		000	N	J9190		2.82	2.82		000	N
J7302		395.50	395.50		000	N	J9200		129.57	129.57		000	N
J7310		4,450.00	4,450.00		000	N	J9201		121.01	121.01		000	N
J7317		133.28	133.28		000	N	J9202		446.49	446.49		000	N
J7320		209.15	209.15		000	N	J9206		151.81	151.81		000	N
J7340		#	#		000	N	J9208		150.38	150.38		000	N
J7342		#	#		000	N	J9209		36.48	36.48		000	N
J7350		#	#				J9211		466.59	466.59		000	N
J7511		304.56	304.56		000	N	J9212		4.09	4.09		000	N
J7513		398.26	398.26		000	N	J9213		34.88	34.88		000	N
J7633		A.C.	A.C.		000	N	J9214		13.50	13.50		000	N
J9000		50.96	50.96		000	N	J9215		7.86	7.86		000	N
J9001		378.34	378.34		000	N	J9216		215.49	215.49		000	N
J9010		511.22	511.22		000	N	J9217		611.56	611.56		000	N
J9015		699.20	699.20		000	N	J9218		24.93	24.93		000	N
J9017		31.35	31.35		000	N	J9219		5,399.80	5,399.80		000	N
J9020		62.61	62.61		000	N	J9230		12.01	12.01		000	N
J9031		174.63	174.63		000	N	J9245		416.77	416.77		000	N
J9040		289.37	289.37		000	N	J9250		0.46	0.46		000	N
J9045		135.97	135.97		000	N	J9260		5.51	5.51		000	N
J9050		127.26	127.26		000	N	J9265		162.17	162.17		000	N
J9060		42.74	42.74		000	N	J9266		1,427.38	1,427.38		000	N
J9062		213.73	213.73		000	N	J9268		1,926.60	1,926.60		000	N
J9065		53.39	53.39		000	N	J9270		93.80	93.80		000	N
J9070		5.98	5.98		000	N	J9280		96.96	96.96		000	N
J9080		11.34	11.34		000	N	J9290		413.72	413.72		000	N
J9090		23.81	23.81		000	N	J9291		869.34	869.34		000	N
J9091		47.64	47.64		000	N	J9293		266.18	266.18		000	N
J9092		95.27	95.27		000	N	J9300		2,101.88	2,101.88		000	N

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J9310		475.00	475.00		000	N							
J9320		136.71	136.71		000	N							
J9340		116.97	116.97		000	N							
J9350		729.76	729.76		000	N							
J9355		54.95	54.95		000	N							
J9357		526.68	526.68		000	N							
J9360		4.10	4.10		000	N							
J9370		33.98	33.98		000	N							
J9375		52.16	52.16		000	N							
J9380		160.36	160.36		000	N							
J9390		99.28	99.28		000	N							
J9600		2,603.67	2,603.67		000	N							
P9041		27.74	27.74		000	N							
P9043		29.69	29.69		000	N							
P9045		55.10	55.10		000	N							
P9046		24.04	24.04		000	N							
P9047		55.10	55.10		000	N							
P9048		83.13	83.13		000	N							
Q0136		11.89	11.89		000	N							
Q3025		73.07	73.07		000	N							
Q3026		A.C.	A.C.		000	N							
S0106		A.C.	A.C.		000	N							
S0108		A.C.	A.C.		000	N							
S0114		A.C.	A.C.		000	N							
S0122		#	#		000	N							
S0124		#	#		000	N							
S0126		#	#		000	N							
S0128		#	#		000	N							
S0130		A.C.	A.C.		000	N							
S0132		#	#		000	N							
S0195		#	#		000	N							

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# Sterilization

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## What is sterilization? [Refer to WAC 388-531-1550(1)]

Sterilization is any medical procedure, treatment, or operation for the purpose of rendering a client permanently incapable of reproducing. This includes vasectomies and tubal ligations.



**Note:** MAA does not reimburse for hysterectomies performed solely for the purpose of sterilization. Refer to page H.13 for information on hysterectomies.

## What are MAA's reimbursement requirements for sterilizations? [Refer to WAC 388-531-1550(2)]

MAA covers sterilization when all of the following apply:

- The client is at least 18 years of age at the time consent is signed;
- The client is a mentally competent individual;
- The client has **voluntarily** given informed consent in accordance with all of the requirements explained under this section as required by CFR 441.258; and
- At least 30 days, but not more than 180 days, have passed between the date the client gave informed consent and the date of the sterilization.



**Note:** MAA reimburses providers for sterilizations for managed care clients 18 through 20 years of age under the fee-for-service system.

MAA reimburses providers (e.g., hospitals, anesthesiologists, surgeons, and other attending providers) for the sterilization procedure only when a completed, federally approved Sterilization Consent Form is attached to the claim. MAA reimburses after the procedure is completed.

MAA reimburses providers for epidural anesthesia in excess of the six-hour limit for deliveries if sterilization procedures are performed in conjunction with, or immediately following, a delivery. MAA determines total billable units by:

- Adding the time for the sterilization procedure to the time for the delivery; and
- Determining the total billable units by adding together the delivery base anesthesia units (BAUs), the delivery time, and the sterilization time.

Do not bill the BAUs for the sterilization procedure separately.

## Additional Requirements for Sterilization of Mentally Incompetent or Institutionalized Clients

Providers must meet the following additional consent requirements before MAA will reimburse the provider for the sterilization of a mentally incompetent or institutionalized client. MAA requires both of the following to be attached to the claim form:

- A court order; and
- A Sterilization Consent Form signed by the legal guardian.

## When does MAA waive the 30-day waiting period? [WAC 388-531-1550(3)(4)]

MAA waives the 30-day waiting period, **but does require** at least a 72-hour waiting period, for sterilization in the following circumstances:

- At the time of premature delivery, the client gave consent at least 30 days before the *expected* date of delivery. The expected date of delivery must be documented on the consent form.
- For emergency abdominal surgery, the nature of the emergency must be described on the consent form.

MAA waives the 30-day waiting period for sterilization when the client requests that sterilization be performed at the time of delivery, **and** completes a sterilization consent form when one of the following circumstances apply:

- The client became eligible for Medical Assistance during the last month of pregnancy (*“NOT ELIGIBLE 30 DAYS BEFORE DELIVERY”*); or
- The client did not obtain medical care until the last month of pregnancy (*“NO MEDICAL CARE 30 DAYS BEFORE DELIVERY”*); or
- The client was a substance abuser during pregnancy, but is not using alcohol or illegal drugs at the time of delivery. (*“NO SUBSTANCE ABUSE AT TIME OF DELIVERY.”*)

**The provider must note on the HCFA-1500 claim form in field 19 or on the backup documentation, which of the above waiver conditions has been met.** Required language is shown in parenthesis. Electronic billers must indicate this information in the *Comments* field.

## When does MAA not accept a signed Sterilization Consent Form? [Refer to WAC 388-531-1550(5)(6)]

MAA does not accept a signed Sterilization Consent Form obtained when the client is in any of the following conditions:

- In labor or childbirth;
- Seeking to obtain or obtaining an abortion; or
- Under the influence of alcohol or other substances that affect the client's state of awareness.

## Why do I need a DSHS-approved Sterilization Consent Form?

Federal regulations prohibit payment for sterilization procedures until a federally approved and accurately completed Sterilization Consent Form is received. To comply with this requirement, surgeons, anesthesiologists, and assistant surgeons as well as the facility in which the surgery is being performed must obtain a copy of a completed Sterilization Consent Form to attach to their claim. **No other form will be accepted.**

MAA will deny a claim for a sterilization procedure received without a Sterilization Consent Form.

MAA will deny a claim with an incomplete or improperly completed Sterilization Consent Form. The claim and completed Sterilization Consent Form are to be submitted to the:

**DIVISION OF PROGRAM SUPPORT  
PO BOX 9248  
OLYMPIA WA 98507-9248**

## Who completes the Sterilization Consent Form?

- Sections I, II, and III of the Sterilization Consent Form are completed by the client, interpreter (if needed), and the physician/clinic representative more than 30 days, but less than 180 days, prior to date of sterilization. If less than 30 days, refer to page H.2: "When does MAA waive the 30 day waiting period?" and/or section IV of the Sterilization Consent Form.
- The bottom right portion (section IV) of the Sterilization Consent Form is completed on or after the surgery date by the physician who performed the surgery.



## How to Complete the Sterilization Consent Form

- All information on the Sterilization Consent Form must be legible.
- All blanks on the Sterilization Consent Form must be completed *except* race, ethnicity, and interpreter's statement (unless needed).
- MAA does not accept "stamped" or electronic signatures.

The following numbers correspond to those listed on the Sterilization Consent Form:

Section I: Consent to Sterilization	
Item	Instructions
1. Physician or Clinic:	<b>Must be name of physician or clinic that gave client required information regarding sterilization.</b> This may be different than performing physician if another physician takes over.
2. Specify type of operation:	<b>Indicate type of sterilization procedure.</b>
3. Month/Day/Year:	Must be client's birth date.
4. Individual to be sterilized:	Must be client's name and match Items #7, #12, and #18 on Sterilization Consent Form.
5. Physician:	Must be name of physician who will perform sterilization. Physician who performs surgery must be same physician who signs on bottom right (see #22) of Sterilization Consent Form. If a different physician performs the surgery, he/she must complete Item #22 and attach a completed Client Statement Form (see page 20c).
6. Specify type of operation:	Indicate type of sterilization procedure.
7. Signature:	Client signature. Must be client's first and last name. Must match name on Items #4, #12, and #18 on Sterilization Consent Form. Must be original signature in ink.
8. Month/Day/Year:	Date of consent. Must be date that client signed Sterilization Consent Form. Must be more than 30 days, but less than 180 days, prior to date of sterilization. If less than 30 days, refer to page 18b: "When does MAA waive the 30 day waiting period?" and/or section IV of Sterilization Consent Form.

## Section II: Interpreter's Statement

Item	Instructions
9. Language:	<b>Must specify language into which sterilization information statement has been translated.</b>
10. Interpreter:	Must be interpreter's name.  <b>Must be original signature in ink.</b>
11. Date:	Must be date of interpreter's statement.

## Section III: Statement of Person Obtaining Consent

Item	Instructions
12. Name of individual:	Must be client's first and last name.  Must match client's name on Items #4, #7, and #18 on Sterilization Consent Form.
13. Specify type of operation:	Indicate type of sterilization procedure.
14. Signature of person obtaining consent:	Must be original signature in ink.
15. Date:	Date consent was obtained.
16. Facility:	Must be full name of clinic or physician obtaining consent. <b>Initials will not be accepted.</b>
17. Address:	Must be physical address of physician's clinic or office obtaining consent.

Section IV: Physician's Statement	
Item	Instructions
18. Name of individual to be sterilized:	Must be client's first and last name. Must match client's name on Items #4, #7, and #12 on Sterilization Consent Form.
19. Date of sterilization:	Must be more than 30 days, but less than 180 days, from client's signed consent date listed in Item #8.  If less than 30 days, refer to page 18b: "When does MAA waive the 30 day waiting period?" and/or section IV of the Sterilization Consent Form.
20. Specify type of operation:	Indicate type of sterilization procedure.
21. Expected date of delivery:	When premature delivery box is checked, this date must be <i>expected</i> date of delivery. Do not use actual date of delivery.
22. Physician:	Physician's signature. Must be physician who <u>actually</u> performed sterilization procedure. Must be original signature in ink.
23. Date:	Date of physician's signature. Must be completed with either same date as listed in Item #19 or later. <b>NO EXCEPTIONS!</b>
24. Physician's printed name	Must be printed name of physician who signed in Item #22.



**Note:** If the physician who performs the surgery is different from the physician identified in Item #5, then a Client Statement Form must be attached to the Sterilization Consent Form. See "How to Complete a Client Statement Form."

## How to Complete a Client Statement Form

### When do I need a Client Statement Form?

- The physician who performs the surgery is different from the physician identified in Item # 5; or
- There is a change in the sterilization method.

### General Guidelines

- All information must be legible.
- The Client Statement Form **must** be attached to the Sterilization Consent Form and submitted with each claim.
- The physician who performs the surgery must fill out items 18-24 on the Sterilization Consent Form.
- All blanks must be completed.

The following numbers correspond to those listed on the Client Statement Form:

Client Statement Form	
Item	Instructions
1. Individual to be sterilized:	Must be client's first and last name.
2. Physician:	Must be name of physician who <u>actually</u> performed sterilization. Must be same physician who signs Item #22 on Sterilization Consent Form.
3. Specify type of operation:	Indicate type of sterilization procedure.
4. Signature:	Client signature. Must be client's first and last name.  Must match name on Items #4, #12, and #18 on Sterilization Consent Form.  Must be original signature in ink.
5. Month/Day/Year:	Must be date that client signed Client Statement Form.

## How to Complete a Sterilization Consent Form For a Client Age 18-20

1. Use DSHS 13-364(x) Sterilization Consent Form.
2. Cross out “**age 21**” in the following three places on the form and write in “**18**”:
  - a. Section I: Consent to Sterilization: “**I am at least 21...**”
  - b. Section III: Statement of Person Obtaining Consent: “**To the best of my knowledge... is at least 21...**”
  - c. Section IV: Physician’s Statement: “**To the best of my knowledge... is at least 21...**”



## STERILIZATION CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

### SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) \_\_\_\_\_  
*Physician or Clinic*

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) \_\_\_\_\_ The discomforts, risks, and  
*Specify type of operation*

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 years of age and was born on (3) \_\_\_\_\_  
*Month Day Year*

I (4) \_\_\_\_\_ hereby consent of my own  
*Individual to be sterilized*

free will to be sterilized by (5) \_\_\_\_\_  
*Physician*

by a method called (6) \_\_\_\_\_ My consent  
*Specify type of operation*

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) \_\_\_\_\_ (8) \_\_\_\_\_  
*Signature Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Hispanic  
☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

### SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) \_\_\_\_\_ language and explained  
*Language*

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) \_\_\_\_\_ (11) \_\_\_\_\_  
*Interpreter Date*

### SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) \_\_\_\_\_ signed the consent form, I  
*Name of individual*

explained to him/her the nature of the sterilization operation,

(13) \_\_\_\_\_ the fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) \_\_\_\_\_ (15) \_\_\_\_\_  
*Signature of person obtaining consent Date*

(16) \_\_\_\_\_  
*Facility*

(17) \_\_\_\_\_  
*Address*

### SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) \_\_\_\_\_ (19) \_\_\_\_\_  
*Name of individual to be sterilized Date of sterilization operation*

I explained to him/her the nature of the sterilization operation

(20) \_\_\_\_\_ The fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery  
Individual's expected date of delivery (21) \_\_\_\_\_  
☐ Emergency abdominal surgery (describe circumstances)

(22) \_\_\_\_\_ (23) \_\_\_\_\_  
*Physician's Signature Date*

(24) \_\_\_\_\_  
*Physician's Printed Name*



## SAMPLE STERILIZATION CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

### SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu  
*Physician or Clinic*

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and  
*Specify type of operation*

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 years of age and was born on (3) August 1, 1971  
*Month Day Year*

I (4) Jane Doe hereby consent of my own  
*Individual to be sterilized*

free will to be sterilized by (5) Dr. Tim Lu  
*Physician*

by a method called (6) tubal ligation My consent  
*Specify type of operation*

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) \_\_\_\_\_ (8) August 20, 2001  
*Signature Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Hispanic  
☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

### SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) \_\_\_\_\_ language and explained  
*Language*

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) \_\_\_\_\_ (11) \_\_\_\_\_  
*Interpreter Date*

### SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I  
*Name of individual*

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) \_\_\_\_\_ (15) August 20, 2001  
*Signature of person obtaining consent Date*

(16) US Clinic  
*Facility*

(17) PO Box 123, Anywhere, WA 98000  
*Address*

### SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2001  
*Name of individual to be sterilized Date of sterilization operation*

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery  
Individual's expected date of delivery (21) \_\_\_\_\_  
☐ Emergency abdominal surgery (describe circumstances)

(22) \_\_\_\_\_ (23) October 1, 2001  
*Physician's Signature Date*

(24) Dr. Tim Lu  
*Physician's Printed Name*



## CLIENT STATEMENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

### CLIENT STATEMENT

I (1) \_\_\_\_\_ hereby consent of my own free will to be sterilized by (2) \_\_\_\_\_  
*Individual to be sterilized* *Physician*

by a method called (3) \_\_\_\_\_ My consent expires 180 days from the date of my signature below. I  
*Specify type of operation*

also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(4) \_\_\_\_\_ (5) \_\_\_\_\_  
*Signature* *Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin) ☐ White (not of Hispanic origin)  
☐ Asian or Pacific Islander ☐ Hispanic

### INTERPRETER'S STATEMENT (To be used if an interpreter is provided to assist the individual to be sterilized.)

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.  
*Language*

\_\_\_\_\_  
*Interpreter*

\_\_\_\_\_  
*Date*





# SAMPLE STERILIZATION CONSENT FORM NEEDING CLIENT STATEMENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

## SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu  
*Physician or Clinic*

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and  
*Specify type of operation*

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least 21 years of age and was born on (3) August 1, 1971  
*Month Day Year*

I (4) Jane Doe hereby consent of my own  
*Individual to be sterilized*

free will to be sterilized by (5) Dr. Tim Lu  
*Physician*

by a method called (6) tubal ligation My consent  
*Specify type of operation*

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) \_\_\_\_\_ (8) August 20, 2001  
*Signature Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Hispanic  
☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

## SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) \_\_\_\_\_ language and explained  
*Language*

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) \_\_\_\_\_ (11) \_\_\_\_\_  
*Interpreter Date*

## SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I  
*Name of individual*

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) \_\_\_\_\_ (15) August 20, 2001  
*Signature of person obtaining consent Date*

(16) US Clinic  
*Facility*

(17) PO Box 123, Anywhere, WA 98000  
*Address*

## SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2002  
*Name of individual to be sterilized Date of sterilization operation*

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery  
Individual's expected date of delivery (21) \_\_\_\_\_  
☐ Emergency abdominal surgery (describe circumstances)

(22) \_\_\_\_\_ (23) October 1, 2002  
*Physician's Signature Date*

(24) Mary Williams  
*Physician's Printed Name*



## SAMPLE CLIENT STATEMENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

### CLIENT STATEMENT

I (1) Jane Doe hereby consent of my own free will to be sterilized by (2) Dr. Mary Williams  
*Individual to be sterilized* *Physician*

by a method called (3) tubal ligation My consent expires 180 days from the date of my signature below. I  
*Specify type of operation*

also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(4) \_\_\_\_\_ (5) October 1, 2001  
*Signature* *Month Day Year*

You are requested to supply the following information, but it is not required. *Race and ethnicity designation (please check):*

- ☒ American Indian or Alaska Native ☐ Black (not of Hispanic origin) ☐ White (not of Hispanic origin)  
☐ Asian or Pacific Islander ☐ Hispanic

### INTERPRETER'S STATEMENT (To be used if an interpreter is provided to assist the individual to be sterilized.)

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in Spanish language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.  
*Language*

\_\_\_\_\_  
*Interpreter* October 1, 2001  
*Date*



# STERILIZATION CONSENT FORM FOR A CLIENT 18 TO 20 YEARS OF AGE

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

## SECTION I: CONSENT TO STERILIZATION

I have asked for and received information about sterilization from

(1) Dr. Tim Lu  
*Physician or Clinic*

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid, that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized. I understand that I will be sterilized by an operation known as a

(2) tubal ligation The discomforts, risks, and  
*Specify type of operation*

benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally-funded programs.

I am at least ~~21~~ 18 years of age and was born on (3) August 1, 1984  
*Month Day Year*

I (4) Jane Doe hereby consent of my own  
*Individual to be sterilized*

free will to be sterilized by (5) Dr. Tim Lu  
*Physician*

by a method called (6) tubal ligation My consent  
*Specify type of operation*

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) \_\_\_\_\_ (8) August 20, 2001  
*Signature Month Day Year*

You are requested to supply the following information, but it is not required.  
*Race and ethnicity designation (please check):*

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Hispanic ☒ Asian or Pacific Islander ☐ White (not of Hispanic origin)

## SECTION II: INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the

consent form in (9) \_\_\_\_\_ language and explained  
*Language*

its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) \_\_\_\_\_ (11) \_\_\_\_\_  
*Interpreter Date*

## SECTION III: STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Jane Doe signed the consent form, I  
*Name of individual*

explained to him/her the nature of the sterilization operation,

(13) tubal ligation the fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least ~~21~~ 18 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) \_\_\_\_\_ (15) August 20, 2001  
*Signature of person obtaining consent Date*

(16) US Clinic  
*Facility*

(17) PO Box 123, Anywhere, WA 98000  
*Address*

## SECTION IV: PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Jane Doe (19) October 1, 2001  
*Name of individual to be sterilized Date of sterilization operation*

I explained to him/her the nature of the sterilization operation

(20) tubal ligation The fact that it is intended to be  
*Specify type of operation*

a final and irreversible procedure; and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least ~~21~~ 18 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested.)

- ☐ Premature delivery  
Individual's expected date of delivery (21) \_\_\_\_\_  
☐ Emergency abdominal surgery (describe circumstances)

(22) \_\_\_\_\_ (23) October 1, 2001  
*Physician's Signature Date*

(24) Dr. Tim Lu  
*Physician's Printed Name*

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**State of Washington**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
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